MOOSE JAW -

ASSINIBOIA -

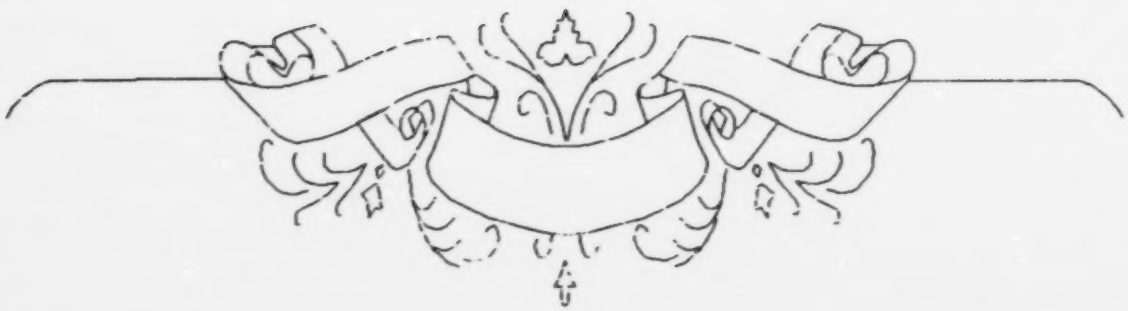
GRAVELBOURG

HEALTH REGION No. 2

ANNUAL

REPORT

1990 - 1991



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Working Together For Health And Well-Being

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MOOSE JAW-ASSINIBOIA-GRAVELBOURG HEALTH REGION NO. 2

REGIONAL BOARD OF HEALTH MEMBERS

HEALTH DISTRICT NO. 1 - CITY OF MOOSE JAW

Councillor J. Hunchuk
City Hall
228 Main Street North
Moose Jaw, Saskatchewan
S6H 3J8

Councillor M. Shaw
Legal Aid
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Moose Jaw, Saskatchewan
S6H 6V2

Councillor J. Johnson
City Hall
228 Main Street North
Moose Jaw, Saskatchewan
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HEALTH DISTRICT NO. 2 - MOOSE JAW RURAL

Mrs. Donna Smith
Box 42, Sub. #1
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HEALTH DISTRICT NO. 3 - CENTRAL BUTTE

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HEALTH DISTRICT NO. 5 - GRAVELBOURG

HEALTH DISTRICT NO. 6 - ROCKGLEN

Mrs. Jacqueline Paterson
Box 261
Willow Bunch, Saskatchewan
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Mr. Rodney Heagy
Rockglen, Saskatchewan
S0H 3R0

Telephone: 476-2741

MOOSE JAW-ASSINIBOIA-GRAVELBOURG HEALTH REGION NO. 2

REGIONAL HEALTH COUNCIL REPRESENTATIVES 1991

HEALTH DISTRICT NO. 1

City of Moose Jaw - City Hall, 228 Main Street North, Moose Jaw S6H 3J8

- Councillor J. Hunchuk
- Councillor M. Shaw (110 Ominica Street West, Moose Jaw S6H 6V2)
- Councillor J. Johnson

HEALTH DISTRICT NO. 2 - MOOSE JAW RURAL

TOWN OF ROULEAU	- Genevieve Larson,	Rouleau	S0G 4H0	
VILLAGE OF AVONLEA	- Michael Sudom,	Gen. Del., Avonlea	S0H 0C0	868-2081
VILLAGE OF BRIERCREST	- E.G. Hill,	Box 235, Briercrest	S0H 0K0	799-2057
VILLAGE OF CARONPORT	- Anne Appleby,	Caronport	S0H 0S0	
VILLAGE OF DRINKWATER	-			
VILLAGE OF KEELER	-			
VILLAGE OF MARQUIS	- John R. Guillaume,	Box 1, Marquis	S0H 2X0	
VILLAGE OF SPRING VALLEY	- HAS BEEN DISSOLVED AS OF JANUARY, 1991			
VILLAGE OF SUN VALLEY	-			
VILLAGE OF TUXFORD	-			
R.M. OF ELMSTHORPE #100	- A. Gross,	1507 Caribou W. Moose Jaw	S6H 7N5	693-6274
R.M. OF TERRELL #101	- Brian Jordison,	Cardross	S0H 0P0	
R.M. OF REDBURN #130	- Gordon Cameron,	Briercrest	S0H 0K0	
R.M. OF BAILDON #131	- Bob Lowe,	Box 1446, Moose Jaw	S6H 4R3	694-0924
R.M. OF HILLSBOROUGH #132	- Donna Smith,	Box 42, Sub. #1, Moose Jaw	S6H 5V0	693-2644
R.M. OF MOOSE JAW #161	- James Smith,	Box 666, Moose Jaw	S6H 4P4	693-2207
R.M. OF CARON #162	- Reeve Roger Macara,	Box 82, Caron	S0H 0R0	756-2340
R.M. OF MARQUIS #191	-			

HEALTH DISTRICT NO. 3 - CENTRAL BUTTE

TOWN OF CENTRAL BUTTE	- Doug McGregor,	Box 2000, Central Butte	S0H 0T0	796-2000
TOWN OF HERBERT	- William Parlee,	Box 615, Herbert	S0H 2A0	
TOWN OF MORSE	- Alderman L. Toews,	P.O. Box 59,	S0H 3C0	
VILLAGE OF BROWNLEE	- Lyle Swanson,	Box 88, Brownlee	S0H 0M0	759-2071
VILLAGE OF CHAPLIN	- Marlin Moore,	Chaplin	S0H 0V0	395-2324
VILLAGE OF CODERRE	- John Alix,	Box 9, Coderre	S0H 0X0	394-2113
VILLAGE OF ERNFOLD	- Warren Beach,	Ernfold	S0H 1K0	629-3983

VILLAGE OF EYEBROW	- Earl Smith,	Box 106, Eyebrow	S0H 1L0	759-2064
VILLAGE OF HODGEVILLE	- George Dyck,	Box 40, Hodgeville	S0H 2B0	677-2223
VILLAGE OF MISTUSINNE	- Frank Gallant,	Elbow	S0H 1J0	854-2036
VILLAGE OF MORTLACH	- Allan Searle,	Mortlach	S0H 3E0	355-2268
VILLAGE OF RIVERHURST	- Bea Songer,	Riverhurst,	S0H 3P0	355-4510
VILLAGE OF SHAMROCK	-			
VILLAGE OF TUGASKE	- Donald Sloan,	Box 159, Tugaske	S0H 4B0	759-2211
R.M. OF RODGERS #133	- Linda Coates,	Box 70, Courval	S0H 1A0	394-4305
R.M. OF SHAMROCK #134	- Edwin Henry,	Box 40, Shamrock	S0H 3W0	648-3594
R.M. OF LAWTONIA #135	- Arlen Stolson,	Box 176, Hodgeville	S0H 2B0	677-2732
R.M. OF WHEATLANDS #163	- Rupert Gosling,	Mortlach	S0H 3E0	355-2256
R.M. OF CHAPLIN #164	- Albert Smith,	Chaplin	S0H 0V0	
R.M. OF MORSE #165	-			
R.M. OF EYEBROW #193	- Karen Peterman,	Central Butte	S0H 0T0	
R.M. OF ENFIELD #194	- Jack Andrews,	Chaplin	S0H 0V0	395-2620
R.M. OF HURON #223	- Donald Sloan,	Box 159, Tugaske	S0H 4B0	759-2211
R.M. OF MAPLE BUSH #224	- Bea Songer,	Riverhurst	S0H 3P0	353-4510

HEALTH DISTRICT NO. 4 - ASSINIBOIA

TOWN OF ASSINIBOIA	- Ald. R. Rasmussen,	Box 88, Assiniboia	S0H 0B0	
TOWN OF MOSSBANK	- William McKenzie,	Mossbank	S0H 3G0	354-2821
TOWN OF OGEMA	- John Yung,	Ogema	S0C 1Y0	459-2228
VILLAGE OF GLENTWORTH	- Muriel Greffard,	Glentworth	S0C 1Y0	266-4840
VILLAGE OF LIMERICK	- No representative appointed this year.			
VILLAGE OF MAZENOD	-			
VILLAGE OF VICEROY	- Peter Striha,	Viceroy	S0H 4H0	268-4577
VILLAGE OF WOOD MOUNTAIN	- William Mielke,	Wood Mountain	S0H 4L0	266-2032
R.M. OF OLD POST #43	- Mark Marcenko,	Wood Mountain	S0H 4L0	266-2010
R.M. OF WAVERLEY #44	- Dean Eklund,	Glentworth	S0H 1V0	266-4612
R.M. OF KEY WEST #70	- Paul K. Olarie	Kayville	S0H 2C0	475-2673
R.M. OF EXCEL #71	- Elwin Schneikart,	Crane Valley	S0H 1B0	
R.M. OF LAKE OF THE RIVERS #72	- Mark Hepworth,	Box 1758, Assiniboia	S0H 0B0	642-5868
R.M. OF STONEHENGE #73	- Ronald Smith,	Box 40, Limerick	S0H 2P0	263-2141
R.M. OF LAKE JOHNSTON #102	- Doug Thompson,	Box 1499, Assinbioia	S0H 0A0	642-4351
R.M. OF SUTTON #103 TWPS. 10, 11, 12, RGE. 1 AND 2, W3	- Renaud LaRochelle,	Box 891, Gravelbourg	S0H 1X0	354-7704

HEALTH DISTRICT NO. 5 - GRAVELBOURG

TOWN OF GRAVELBOURG	- Aline Mulatz,	P.O. Box 447, Gravelbourg	S0H 1X0	
TOWN OF LAFLECHE	- David Williamson,	Box 424, Lafleche	S0H 2K0	472-3155
VILLAGE OF HAZENMORE	- Orra Thibault,	Hazenmore	S0N 1C0	264-3886
VILLAGE OF KINCAID	-			
VILLAGE OF MANKOTA	- Lillian Klein,	Mankota	S0H 2W0	
VILLAGE OF MEYRONNE	- Hazel Diebel,	Box 129, Meyronne	S0H 3A0	264-3773
VILLAGE OF PALMER	- Michael Hoehn,	P.O. Box 1, Palmer	S0H 3J0	
VILLAGE OF WOODROW	-			
R.M. OF MANKOTA #45	- Lonnie Goodwin,	McCord	S0H 2T0	478-2516
R.M. OF WOOD RIVER #74	- Paul Klein,	Box 357, Lafleche	S0H 2K0	
R.M. OF PINTO CREEK #75	- Leon Bouvier,	Box 1072, Gravelbourg	S0H 1X0	264-3818
R.M. OF SUTTON #103, TWPS. 10, 11, 12, RGE. 3, W3	- Dave Myles, Jr.,	Box 10, Coderre	S0H 0X0	648-2811
R.M. OF GRAVELBOURG #104	- Art Lorrain,	Box 336, Gravelbourg	S0H 1X0	648-2792
R.M. OF GLENBAIN #105 TWPS. 10, 11, 12, RGE. 7, W3	- Ronald Miller,	Glenbain	S0N 0X0	264-3665

HEALTH DISTRICT NO. 6 - ROCKGLEN

TOWN OF BENGOUGH	- John Campbell,	Bengough	S0C 0K0	268-2822
TOWN OF CORONACH	- Harold Siggelkow,	Box 267, Coronach	S0H 0Z0	267-2127
TOWN OF ROCKGLEN	- Rodney Heagy,	Rockglen	S0H 3R0	
TOWN OF WILLOW BUNCH	- Jacqueline Paterson	Box 261, Willow Bunch	S0H 4K0	473-2485
VILLAGE OF FIFE LAKE	- Lawson Harkness,	Fife Lake	S0H 1N0	476-2605
VILLAGE OF ST. VICTOR	- Diane Bissonnette,	Box 32, St. Victor	S0H 3T0	642-3155
R.M. OF HAPPY VALLEY #10	- Louise A. Brown,	Box 39, Big Beaver	S0H 0G0	
R.M. OF HART BUTTE #11	- John C. McBurney,	Coronach	S0H 0Z0	267-4864
R.M. OF POPLAR VALLEY #12	- Joan Gage,	Box 208, Coronach	S0H 0Z0	
R.M. OF BENGOUGH #40	- Dale Leflar,	Box 329, Bengough	S0C 0K0	
R.M. OF WILLOW BUNCH #42	- Wilfred Farwell,	St. Victor	S0H 3T0	642-4011

STAFF

MOOSE JAW OFFICE

Dr. W. S. E. Jones, Medical Health Officer and Regional Director

Dawn Aaro, Clerk Typist II
Linda Albert, Public Health Nurse I
Cheryl Cunningham, Clerk Typist II
Lori Durand, Speech and Language Pathologist
Vicki Gauvin, Public Health Nurse I
Bryce Graham, Senior Public Health Inspector
Janice Green, Public Health Nurse I
Jean Haukaas, Public Health Nurse I
Beth Jelinski, Clerk Typist II
Marilyn Johnson, Public Health Nurse I
Lynn Macdiarmid, Public Health Nurse I
Vivian Meikle, Public Health Nurse I
Dalton Melenchuk, Public Health Inspector II
Charlotte Miller, Acting Public Health Nurse II
Isabel Moore, Public Health Nurse I
Sheree Nicolay, Dental Health Educator
Bonnie Robertson, Speech and Language Pathologist
Donna Robinson, Acting Regional Nursing Supervisor
Dr. Karen Sirota, Early Childhood Psychologist
Alvin Tkatchuk, Director of Regional Support Services
DeLee Vataman, Public Health Nurse I
Laurie Wadsworth, Public Health Nutritionist
Pat Watling, Clerk Steno IV

STAFFING CONTINUED

ASSINIBOIA DISTRICT OFFICE

Jacquie Bitz, Public Health Nurse I
Dianne Kessler, Clerk Typist II
Debbie Monea, Public Health Nurse I
Leisa Vaessen, Public Health Nurse I

CENTRAL BUTTE DISTRICT OFFICE

Helen Molde, Public Health Nurse I (Part-Time)

GRAVELBOURG DISTRICT OFFICE

Gwen Frank, Public Health Nurse I
Karen Lehmann, Public Health Nurse I

MORSE DISTRICT OFFICE

Esther Sigurdson, Public Health Nurse I

REPORTS SUBMITTED BY

Medical Health Officer and Regional Director
- Dr. W. S. E. Jones, M.B.; D.P.H.; F.R.C.O.G.

Dental Health Education
- Sheree Nicolay

Director of Regional Support Services
- Alvin Tkatchuk

Public Health Inspection
- Bryce Graham

Public Health Nursing
- Donna Robinson

Public Health Nutrition
- Laurie A. Wadsworth, M.Sc.

Speech and Language Pathology
- Lori Durand, M.Sc., S-LP(C)
- Bonnie Robertson, M.Sc., S-LP(C)

MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR

The key word describing health activities in 1990 is change. We would all agree changes must occur for the benefit of all. It is, however, the process by which change is implemented that could lead to satisfaction or dissatisfaction. In attempting to implement change, cost effectiveness, efficiency and appropriateness of our functions, among other factors, were of prime considerations.

The region through all staff, via heads of disciplines, were closely associated with the changes requested in the budget. This necessitated some prioritization. It stimulated a greater rapport and consideration for competing disciplines within the region. Therefore, ultimately when budgetary requests were made, it was with general agreement. The latter is but one example of interdisciplinary cooperation and coordination to eke out advantageous strategies and results for the region.

Other examples, disciplines helping out to ease pressure on those short of manpower supply. In this, I express my appreciation to the nursing staff helping the inspection staff. Inter-regional cooperation between disciplines also occurred when the need arose.

A trend at "detwinning" is occurring. During the year, the Senior Public Health Inspector was appointed with responsibility for the Moose Jaw Health Region only. Moreover, we anticipate the Nutritionist will serve only the Moose Jaw Region as from the early part of August. The vacant Early Childhood Psychologist position has now been filled. This position is now headquartered in Moose Jaw. These are all new and very appropriate positions selected with some input from other regions. At this time, may I take this opportunity to thank Mrs. Jane Knox, Executive Director, for her empathy and foresight in alleviating these difficult situations and, indeed, for her role in modernizing equipment and management

functions in the region. Positions that are still "twinned" between Swift Current and Moose Jaw are the Early Childhood Psychologist, the Regional Nursing Supervisor, the Nutritionist, and the Medical Health Officer and Regional Director.

Computerization, long overdue, is now part of the regional office function and is welcomed by all staff. Staff have been appropriately educating themselves in computer use. Nursing and Public Health Inspection records are now fully computerized, as well as the Speech and Language Pathology records and that of the Early Childhood Psychologist. The budget forecast and keeping within budgetary limits are but a few instances of excellent benefits derived from computerization now available at the regional levels which has no doubt improved efficiency.

It is with great pleasure I report that short-and long-term health goals and objectives for the branch currently are now operative. Health activities in the region, are also linked with these goals to make health activities directional, to add continuity and the necessary cooperation.

This year marked the beginning of interdepartmental cooperation. Departments, at regional levels, have met and discussed matters that straddle mutual functional interests in the region. Reference here is made to the Family Forum Committee which consists of local representatives from the Judiciary, Social Services, Education, Law Enforcement, Military, Social Work and Community Health.

Other examples of interdepartmental cooperation and coordination are between the Department of Environment and Community Health; the Department of Education and Community Health in projecting a new focus on head lice control.

The essential process of orientation of new employees and branch members is now formal, obligatory and very relevant. As with all orientation, the process needs to be reinforced at intervals.

The focus on health as part of community development is proceeding somewhat slowly. Board members are being encouraged to be aware of, and to communicate their community needs with the regional staff. The attention to community issues is an integral part of community growth. This is controlled, of course, by fiscal limitations and branch strategies for the current year.

Environmental issues raised frequently in staff and regional board meetings include disposal of hospital wastes, recyclable items, city and highway littering with formal or informal discussions between board members and staff, separately and collectively. A true indication of the awareness of environmental issues.

The Workplace Hazardous Materials Information System (W.H.M.I.S.) has been instituted in due deference to the employee safety. This is now available in regional offices and an Occupational Health Committee is now set up in the W. G. Davies Building for the benefit of all staff and clients.

Many staff members have now recently attended the Emergency Preparedness Course. As a result, a concerted effort is being made to formulate plans of response of the staff for the city and rural districts. It is hoped these plans will eventually be coordinated with the Provincial Disaster Plan in a very satisfactory manner. A plan of action for the various districts is being prepared but is in the early stages.

Child Health Conference sites have improved tremendously following the involvement of Health Board Representatives for those areas concerned.

Regional Hospitals have been inspected once again after many years. This was due to the shortage of Public Health Inspectors. The overall conclusion is that as much as manpower permits this should be done every year. Accreditation teams, which visit hospitals every two or three years, often comment on the cleanliness and other health related subjects which fail to achieve the desired Quality Assurance. The provision of sufficient manpower support would make inspection of hospitals regular.

The report of the Saskatchewan Heart Health Survey was published in June, 1990. This survey suggested that the risk was greatest in the lower socio-economic groups, certain age groups and sex groups and their lifestyles characteristics. The recommendations include effective and appropriate programmes to deal with the identified factors. It should be noted Moose Jaw City took part in this survey.

This report is an overview of the remarkable progress which occurred in the 1990 year. Future goals and objectives are being formulated for 199l. The improvement in awareness of factors ensuring health has improved through education, individuals becoming more aware of their responsibility toward their health, and that of the community. Minimal improvement has been made towards reporting Sexually Transmitted Disease Control, H.I.V. and teen pregnancy by physicians. No case of Human Immune Virus (H.I.V.) was directly reported. It seems that people would rather go to Regina and have blood tests for the H.I.V. than to be tested in the region.

FUTURE EXPECTATIONS

The responsibility for duties in more than one region seems to be

drawing to a close and reasonable staff coverage is improving. The staff look in anticipation for a continuation of this trend.

The reporting of communicable disease and sexually transmitted diseases still needs more enthusiasm. The modernization of the Public Health Act could stimulate a greater improvement. The interest in H.I.V. infection appears to be waning. It is felt that appropriate financial support and promotion could re-kindle the interest there was about three years ago.

The trend of the seniors at retirement is to move into the city from rural areas. The City of Moose Jaw is no different. Well elderly programmes are pertinent since about 90 percent of this group are mobile and self-sufficient. It has been shown the quality of life improves even in the not-so-well elderly if these programmes are instituted.

Teen health issues need to be more visibly promoted. At present, the only issues related to the teen years addressed are those of teen pregnancy and sexually transmitted diseases. Issues such as contraception are unevenly and for, that matter, unsatisfactorily addressed.

As we strive to reduce the perinatal mortality rate, we become aware that the issue of low birth weight needs to be dealt with. The latter ties up with lower socio-economic status, prematurity by dates, lower educational levels and personal lifestyles, congenital anomalies and the absence of pre-conceptional counselling to name but a few related factors. We hope to increase an awareness for pre-conceptional counselling through our clients and physicians in the near future.

I wish to thank the Board and members of staff for their invaluable cooperation throughout the year and look for their continued support.

I would now refer you to some statistics associated with the region.

TABLE I

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1990 BY MOTHER'S AGE AND MARITAL STATUS

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE									
Total	16031	29	1597	3967	5995	3473	886	83	1
Married	11529	0	191	2255	5110	3122	776	74	1
Other	4502	29	1406	1712	885	351	110	9	0
MOOSE JAW HEALTH REGION NO. 2									
Total	865		71	227	354	170	42	1	
Married	693		15	161	320	160	36	1	
Other	172		56	66	34	10	6		

The majority of births occur between 15 and 39 years for both the province and Moose Jaw Health Region No. 2.

TABLE II

TEENAGE BIRTH RATES FOR SPECIFIED AREAS

1989 - 1990

MOOSE JAW HEALTH REGION	10 - 14	15 - 19
1989	--	78.7
1990	--	82.1
SASKATCHEWAN		
1989	1.7	99.9
1990	1.8	99.6

Birth rate is calculated as the number of births per 1,000 females in the specified age group.

It should be noted a province-wide teen pregnancy programme was reinstated on the April 1, 1989.

There has hardly been any change in the rate of teen births. This table shows no 10 - 14 year births for the years 1989 - 1990. There is suspicion that some teenagers have had their births in larger centres (Regina and Saskatoon).

PERINATAL DEATH RATES
PER 1,000 TOTAL BIRTHS

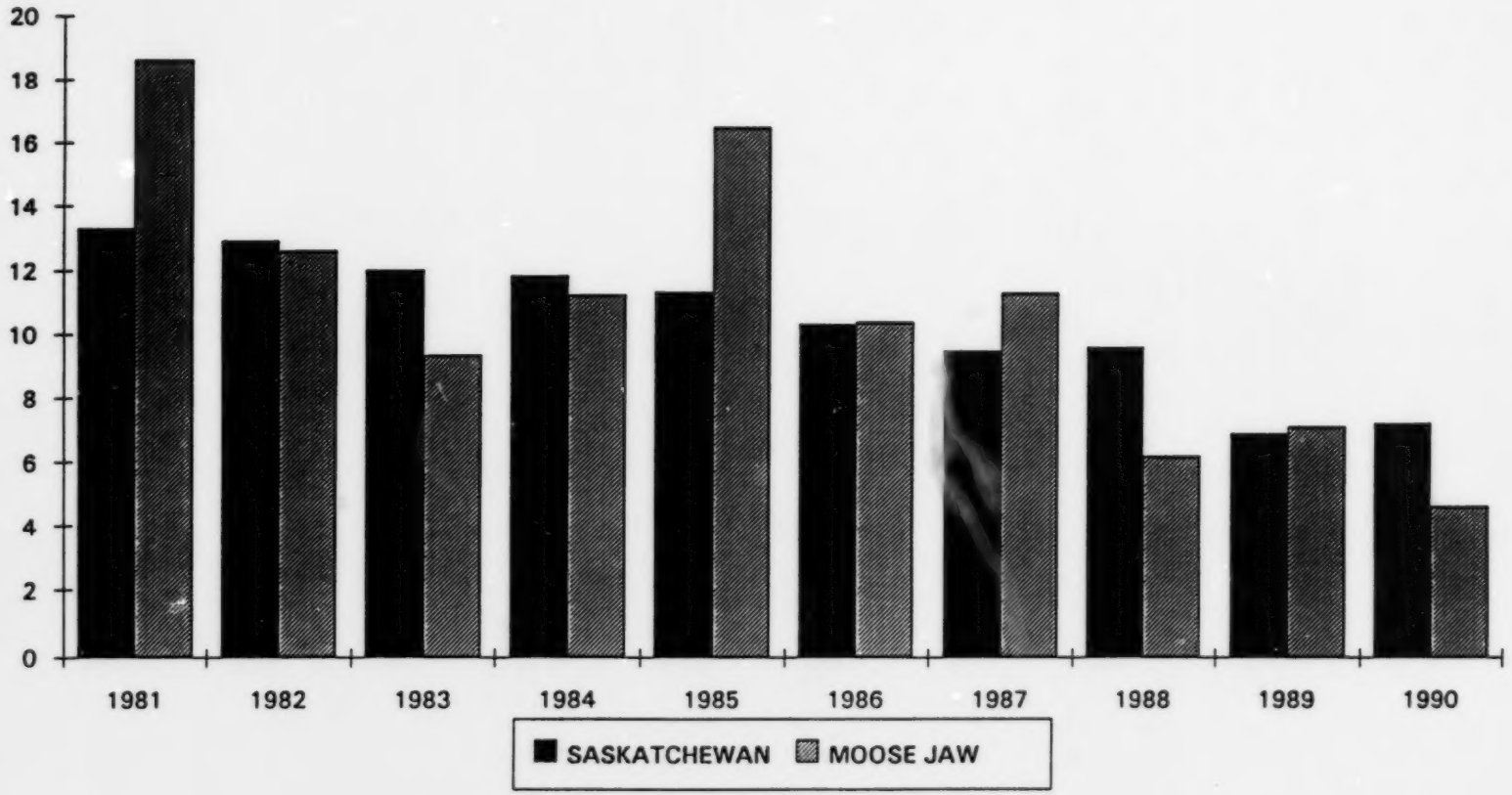


TABLE III

Demonstrates the fall in perinatal mortality rates in the Moose Jaw area. The drop is now almost minimal. It does not probably reflect the true final outcome of birth experiences as for example a great percentage of late neonatal deaths in fact are as a result of perinatal incidents yet will not be recorded as perinatal deaths.

Low birth weight is one of the most important causes of perinatal morbidity and death.

Prevention of low birth weight should now be the focus of attention in reducing morbidity and deaths surrounding birth.

Incidentally, analysis of the birth weight of teen pregnancies does not show any specific tendency to low birth rate.

It is now also clear that pre-conceptional counselling is of value to the reduction of low birth weight, congenital abnormalities and other perinatal causes of mortality and morbidity.

It should also be noted there have been no maternal deaths in this region from 1985 to 1990.

TABLE IV
SASKATCHEWAN DEATH STATISTICS, 1988
AGE GROUP, AND SEX FOR THE MOOSE JAW HEALTH REGION NO. 2

AGE GROUP	NUMBER			RATES		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
< 1	3	3	6	682	716	698
1- 4	1	1	2	45	48	46
5- 9	2	0	2	73	0	37
10-14	0	0	0	0	0	0
15-19	4	2	6	168	90	131
20-24	3	1	4	117	43	81
25-29	3	2	5	103	72	88
30-34	5	3	8	179	110	145
35-39	2	3	5	90	140	115
40-44	3	2	5	163	115	140
45-49	6	2	8	445	137	284
50-54	5	6	11	345	415	380
55-59	11	3	14	665	176	417
60-64	41	16	57	2,315	830	1,541
65-69	52	27	79	3,175	1,495	2,294
70-74	57	38	95	4,043	2,293	3,097
75-79	68	34	102	7,440	2,876	4,866
80-84	58	42	100	10,087	5,250	7,273
85-89	39	48	87	13,879	10,021	11,447
90+	38	73	111	29,921	22,601	24,667
TOTAL	401	306	707	1,189	891	1,038
STAND. RATE				694	476	587
LIFE EXP.				73.4	80.3	76.7
PYLL CRUDE	2,013	1,153	3,166	66.2	38.5	52.5
STAND.				64.5	38.4	51.6

(Comments on back.)

The latest figure (1988) of life expectancy is 73 years for males and 80 years for females in the Moose Jaw province.

The potential years of life lost standard rate is 64.5 for males and 38.4 for females. The difference is, in fact, due to lifestyles. The mortality rate for women is now approaching that of males as the lifestyle of women approximate that of men. As for example, smoking and alcohol abuse.

TABLE V
SASKATCHEWAN DEATH STATISTICS, 1988
AGE GROUP
TOTAL FOR PROVINCE

AGE GROUP	NUMBER			RATES		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
Not Stated	1	1	2	-	-	-
< 1	79	61	140	1,004	819	914
1- 4	23	11	34	64	32	49
5- 9	16	8	24	36	19	28
10-14	12	11	23	30	28	29
15-19	53	25	78	130	64	98
20-24	61	15	76	137	36	68
25-29	54	23	77	112	50	82
30-34	69	18	87	152	42	98
35-39	54	34	88	145	97	122
40-44	82	44	126	274	155	217
45-49	87	56	143	365	240	303
50-54	141	71	212	639	327	484
55-59	208	98	306	918	439	680
60-64	334	194	528	1,541	853	1,189
65-69	507	258	765	2,586	1,181	1,845
70-74	611	380	991	3,727	1,974	2,780
75-79	484	409	1,093	5,831	2,764	4,120
80-84	700	544	1,244	9,642	5,529	7,275
85-89	483	514	997	13,725	9,737	11,332
90+	431	635	1,066	28,355	20,650	23,199
TOTAL	4,690	3,410	8,100	895	655	776
STAND. RATE				647	459	557
LIFE EXP.				73.8	80.5	77.0
PYLL CRUDE	34,092	17,929	52,021	70.5	38.3	54.7
STAND.				70.6	38.6	54.9

(Comments on back.)

Table IV and V show the life expectancy of Moose Jaw is about the same for the Province of Saskatchewan.

The standard potential years of life lost (PYLL) is higher for males and about the same for females when compared to that of the region.

TABLE VI
SASKATCHEWAN DEATH STATISTICS, 1988
BY CAUSE GROUP
TOTAL FOR PROVINCE

	DEATHS			PYLL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
ALL CAUSES OF DEATH						
NUMBER	4,690	3,410	8,100	34,092	17,929	52,021
CRUDE RATE	895.0	655.3	775.6	70.5	38.3	54.7
STAND. RATE	647.0	459.3	557.5	70.6	38.6	54.9
HEART DISEASES (A128-A148)						
NUMBER	1,538	1,073	2,611	4,550	1,469	6,018
CRUDE RATE	293.6	206.3	250.1	9.4	3.1	6.3
STAND. RATE	201.9	131.7	168.4	9.2	3.1	6.2
MALIGNANT NEOPLASMS (A37-A86)						
NUMBER	1,144	827	1,971	4,955	4,557	9,511
CRUDE RATE	218.4	159.0	188.8	10.2	9.7	10.0
STAND. RATE	159.0	124.3	142.8	10.0	9.8	9.9
CEREBROVASCULAR DISEASE (A149-A155)						
NUMBER	296	352	648	537	533	1,070
CRUDE RATE	56.5	67.7	62.1	1.1	1.1	1.1
STAND. RATE	35.8	42.7	39.4	1.0	1.1	1.1
ACCIDENTS (AE234-AE263)						
NUMBER	314	153	467	9,193	3,096	12,289
CRUDE RATE	59.7	29.2	44.5	19.0	6.6	12.9
STAND. RATE	56.6	24.6	40.8	19.6	7.0	13.4
PNEUMONIA (A163-A167)						
NUMBER	220	150	370	605	446	1,050
CRUDE RATE	42.0	28.8	35.4	1.3	1.0	1.1
STAND. RATE	26.0	18.0	22.1	1.2	0.9	1.1
PERINATAL MORTALITY (A229-A231)						
NUMBER	30	23	53	2,085	1,596	3,681
CRUDE RATE	5.7	4.4	5.1	4.3	3.4	3.9
STAND. RATE	5.9	4.5	5.2	4.3	3.3	3.8
SUICIDES (A264-A270)						
NUMBER	121	24	145	3,865	643	4,508
CRUDE RATE	23.1	4.6	13.9	8.0	1.4	4.7
STAND. RATE	22.7	4.8	13.9	8.1	1.4	4.8
OTHER						
NUMBER	1,027	808	1,835	8,303	5,592	13,895
CRUDE RATE	196.0	155.3	175.7	17.2	11.9	14.6
STAND. RATE	139.0	108.7	124.7	17.0	11.9	14.5

(Comments on back.)

Provincial figures analyzed for the specific main causes of death demonstrated in descending order:

Accidents
Malignant Neoplasm
Heart Disease
Suicides

TABLE VII
SASKATCHEWAN DEATH STATISTICS, 1988
BY CAUSE GROUP
MOOSE JAW HEALTH REGION NO. 2

	DEATHS			PYLL		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
ALL CAUSES OF DEATH						
NUMBER	401	306	707	2,013	1,153	3,166
CRUDE RATE	1188.6	890.6	1038.3	66.2	38.5	52.5
STAND. RATE	693.7	475.7	586.6	64.5	38.4	51.6
HEART DISEASES (A128-A148)						
NUMBER	139	108	247	425	123	548
CRUDE RATE	412.0	314.3	362.7	14.0	4.1	9.1
STAND. RATE	229.2	150.8	189.8	11.4	4.2	7.8
MALIGNANT NEOPLASMS (A37-A86)						
NUMBER	99	77	176	238	328	565
CRUDE RATE	293.4	224.1	258.5	7.8	10.9	9.4
STAND. RATE	164.1	134.8	150.2	6.6	9.9	8.2
CEREBROVASCULAR DISEASE (A149-A155)						
NUMBER	21	27	48	45	10	55
CRUDE RATE	62.2	78.6	70.5	1.5	0.3	0.9
STAND. RATE	32.9	36.3	35.1	1.3	0.2	0.8
ACCIDENTS (AE234-AE263)						
NUMBER	25	13	38	390	55	445
CRUDE RATE	74.1	37.8	55.8	12.8	1.8	7.4
STAND. RATE	54.7	19.8	37.5	13.8	2.6	8.3
PNEUMONIA (A163-A167)						
NUMBER	19	14	33	13	5	18
CRUDE RATE	56.3	40.7	48.5	0.4	0.2	0.3
STAND. RATE	26.5	17.6	21.6	0.3	0.1	0.2
PERINATAL MORTALITY (A229-A231)						
NUMBER	-	1	1	0	70	70
CRUDE RATE	-	2.9	1.5	0.0	2.3	1.2
STAND. RATE	0.0	3.5	1.8	0.0	2.6	1.3
SUICIDES (A264-A270)						
NUMBER	9	1	10	255	28	283
CRUDE RATE	26.7	2.9	14.7	8.4	0.9	4.7
STAND. RATE	26.5	3.1	14.9	9.0	0.9	5.0
OTHER						
NUMBER	89	65	154	648	536	1,184
CRUDE RATE	263.8	189.2	226.2	21.3	17.9	19.6
STAND. RATE	159.8	109.7	135.7	22.1	17.9	20.0

(Comments on back.)

In the Moose Jaw Region the order in contrast was:

Malignant Neoplasms
Heart Diseases
Accidents
Suicides

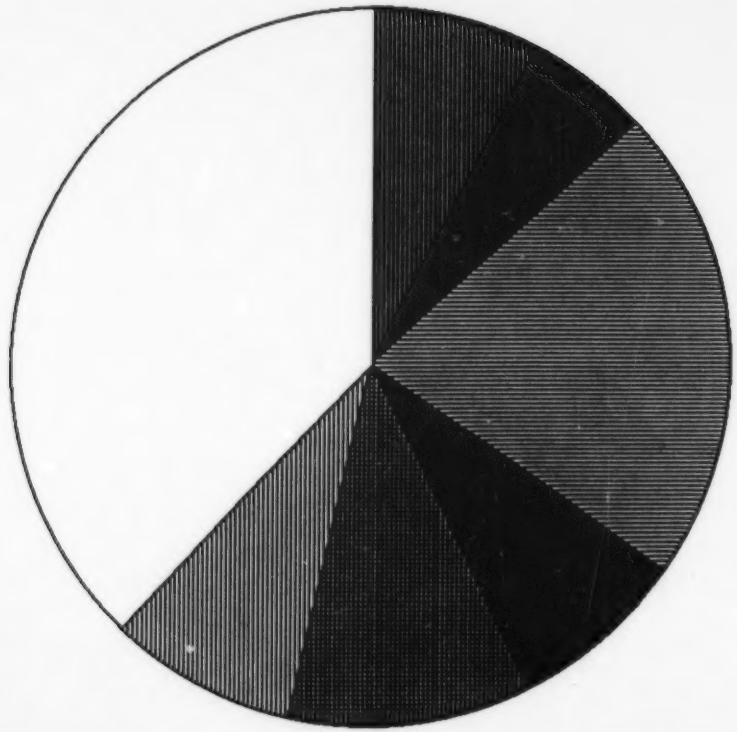
The Potential Years of Life Lost (PYLL) in Moose Jaw Health Region was for Malignant Neoplasms was greater in females than males. In previous years, this had been greater in males pointing to a change in lifestyles in the female.

The PYLL in the region with respect to Heart Disease is markedly greater in males. The difference in lifestyle accounts for this.

There is a marked difference between the males and females PYLL under the headings of accidents. However, this difference is much narrower than recorded in 1987.

TABLE VII (A)

FEMALE DEATHS BY SPECIFIC CAUSE
PROVINCE OF SASKATCHEWAN - 1990



- M. N. OF DIGESTIVE ORGANS, PERITONEUM
- M.N. OF BONE, SKIN, BREAST
- ISCHAEMIC HEART DISEASE
- PULMONARY & OTHER HEART DISEASE
- CEREBROVASCULAR DISEASE
- OTHER DISEASES OF RESPIRATORY SYSTEM
- OTHER

TABLE VII (B)

FEMALE DEATHS BY SPECIFIC CAUSE
MOOSE JAW H.R. #2 - 1990

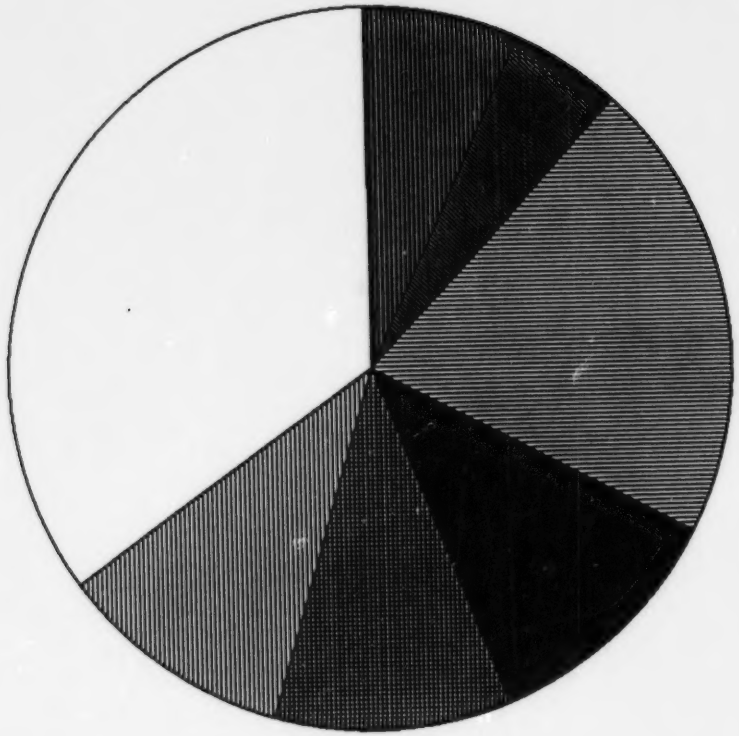


TABLE VII (C)

MALE DEATHS BY SPECIFIC CAUSE
MOOSE JAW H.R. #2 - 1990

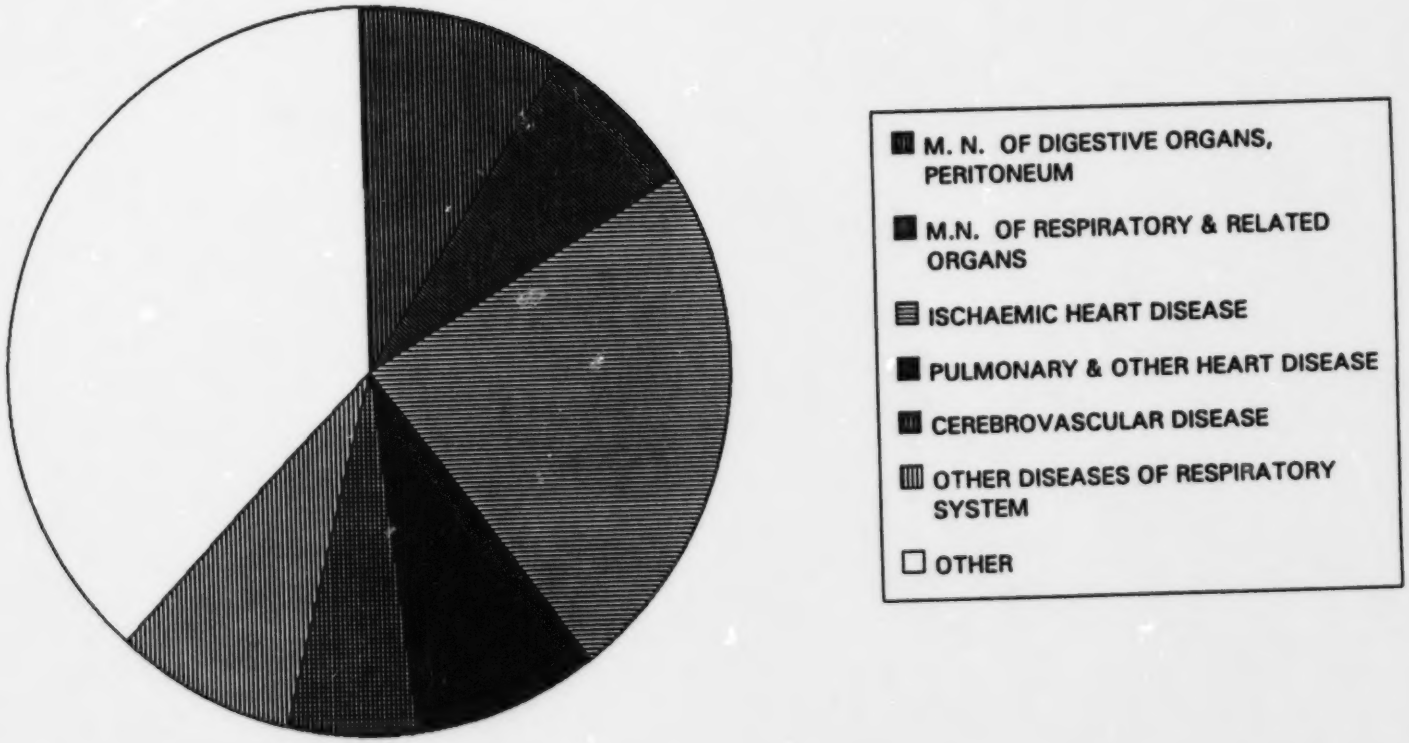
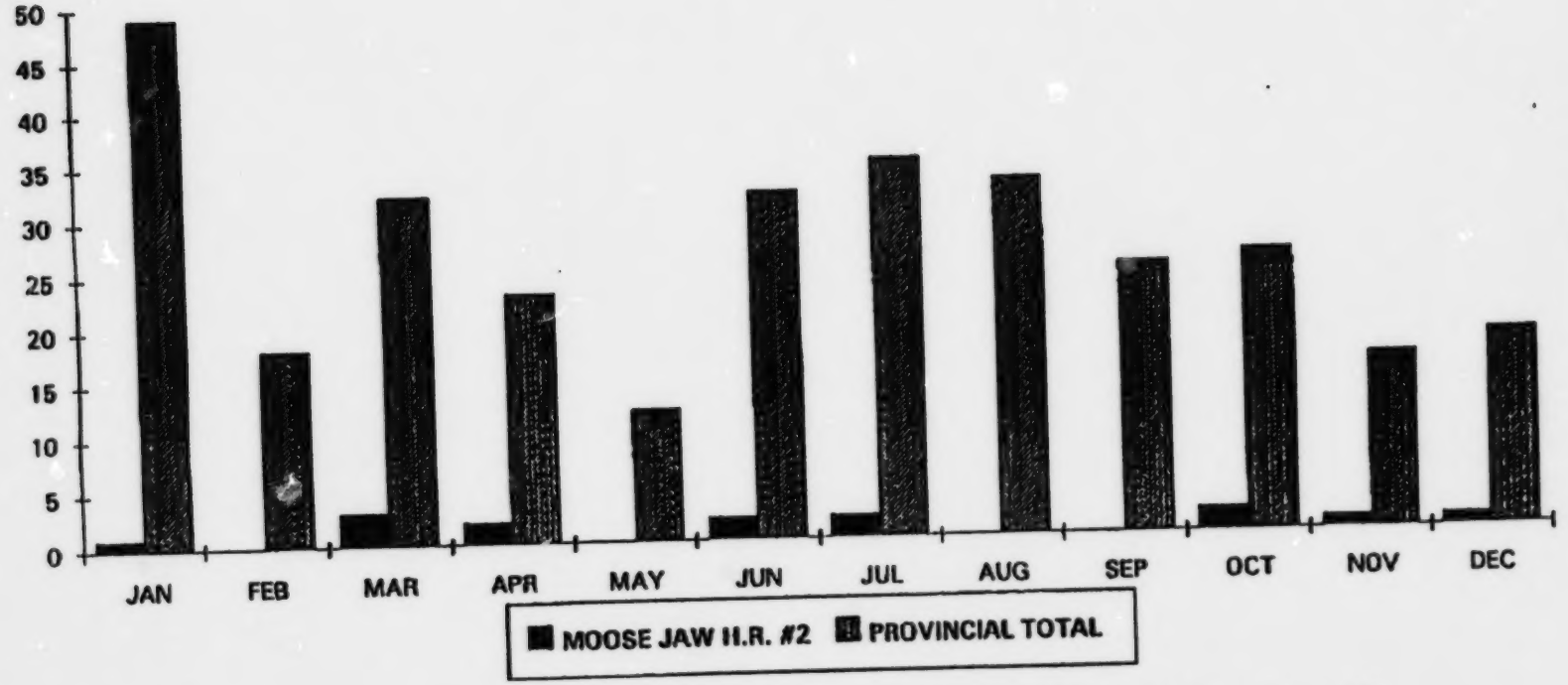

M. N. OF DIGESTIVE ORGANS, PERITONEUM
M.N. OF RESPIRATORY & RELATED ORGANS
ISCHAEMIC HEART DISEASE
PULMONARY & OTHER HEART DISEASE
CEREBROVASCULAR DISEASE
OTHER DISEASES OF RESPIRATORY SYSTEM
OTHER

TABLE VIII

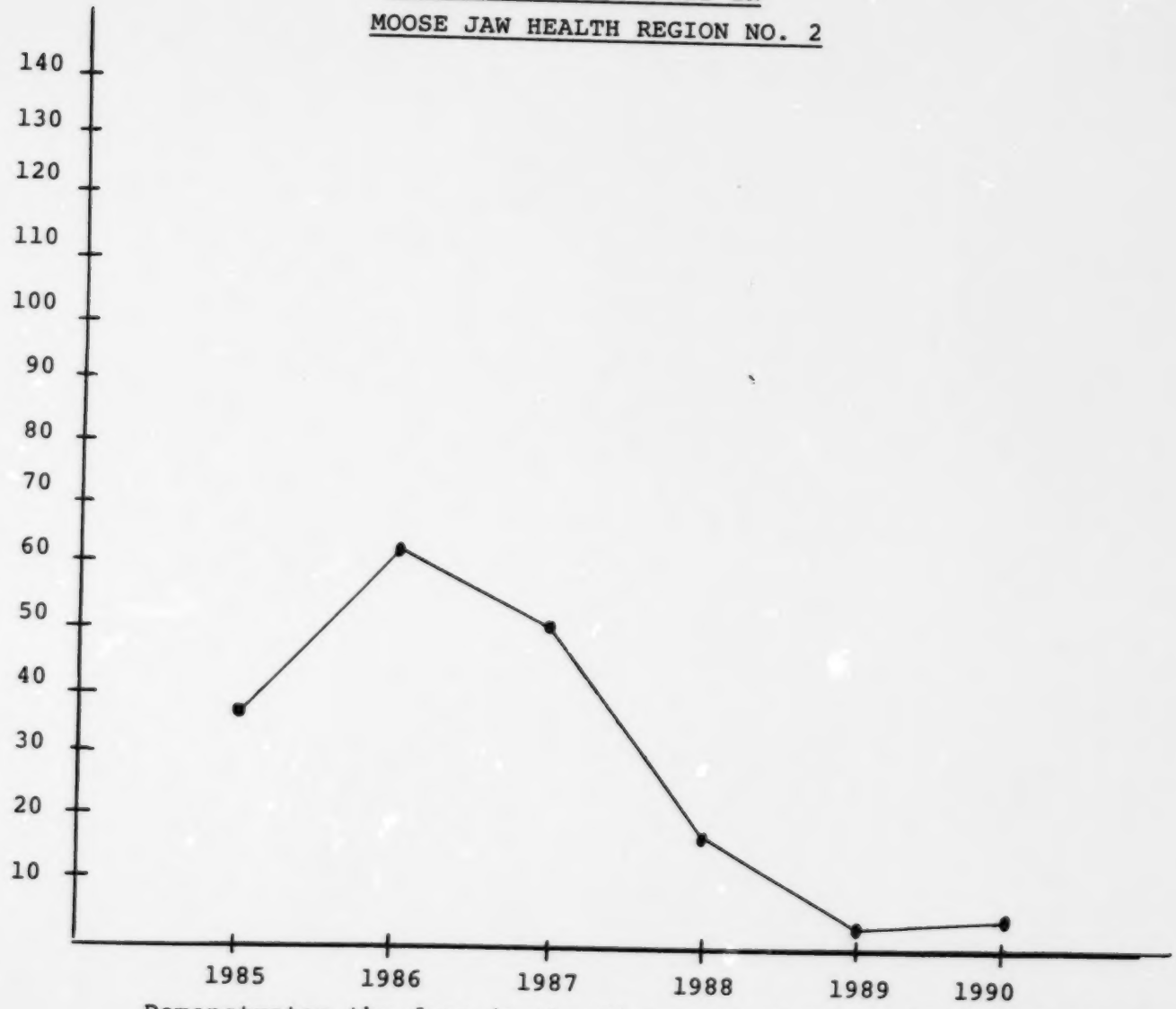
SALMONELLA 1990
HUMAN ISOLATIONS



No distinct pattern noted for Salmonella outbreaks. This normally would predominately be expected in the summer months.

TABLE IX

TOTAL CASES OF RABIES IN MOOSE JAW HEALTH REGION NO. 2

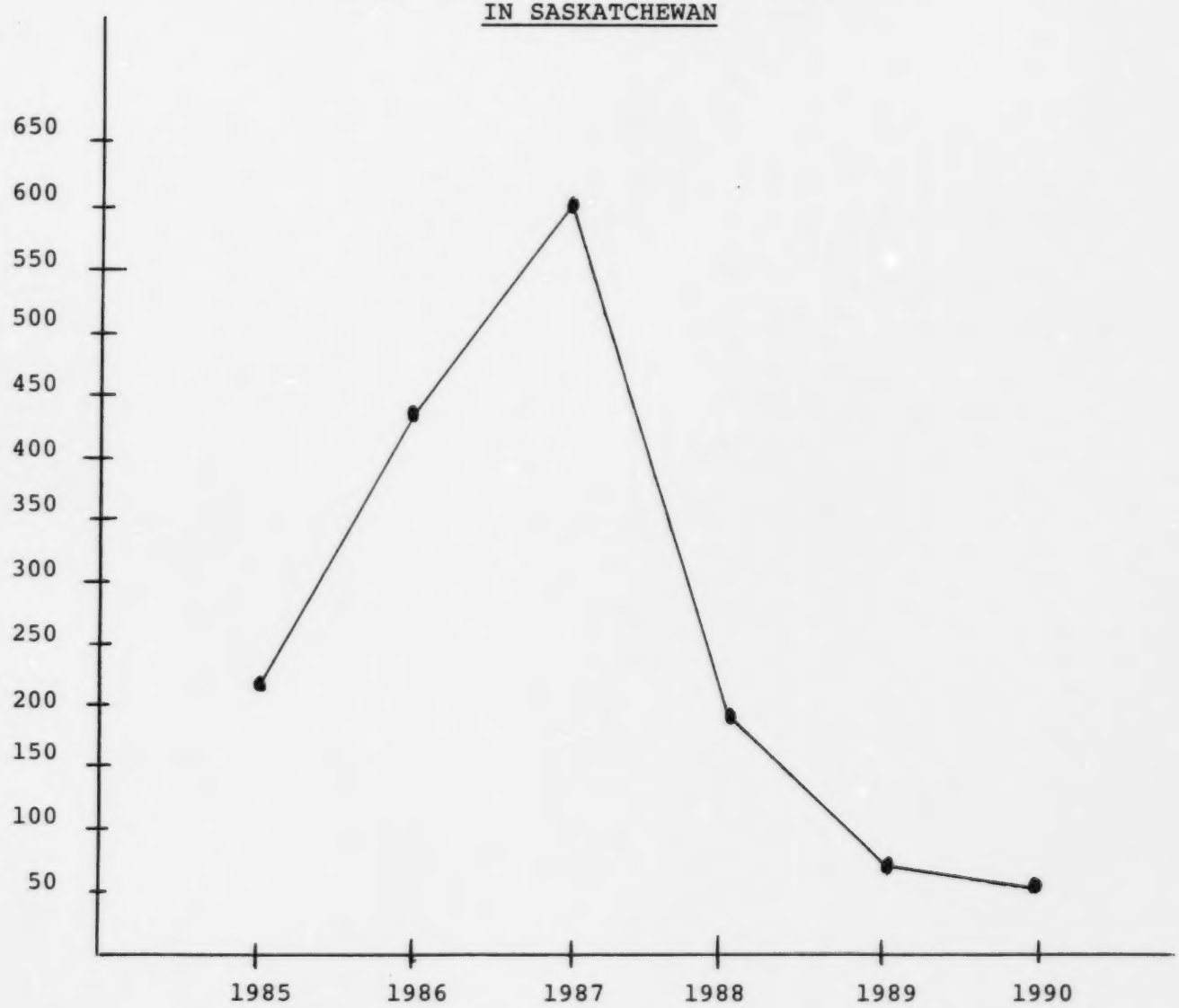


Demonstrates the drop in the diagnosis of rabies in animals in Moose Jaw Region since 1986. Incidentally, rabies has not bee diagnosed in the human since 1971 in Saskatchewan. The reason for the fall in reported cases of rabies is as yet unexplained.

TABLE X

TOTAL NUMBER OF CASES OF RABIES

IN SASKATCHEWAN



Demonstrates an almost similar pattern in the fall of reported cases in Saskatchewan.

TABLE XI

TUBERCULOSIS CASES IN MOOSE JAW

YEAR	SOUTH SASKATCHEWAN CASES	MOOSE JAW
1985	89	1
1986	96	4
1987	91	2
1988	96	1
1989	113	5
1990	101	1
TOTALS:	586	14

Demonstrates a rise in reported cases in South Saskatchewan. There appears to be an indifferent pattern in the Moose Jaw Region. South Saskatchewan was chosen for comparison as the socio-economic conditions and lifestyles would be similarly represented in the Moose Jaw Region.

TABLE XII

CHLAMYDIA

BY AGE, SEX - 1990

AGE GROUP	*FEMALE*	*MALE*	*TOTAL*
15 - 19	*24*	*7*	*31*
20 - 24	*39*	*10*	*49*
25 - 29	*10*	*8*	*18*
30 - 39	*4*	*4*	*8*
40 - 59	*3*	*0*	*3*
60+	*1*	*0*	*1*
Unknown	*6*	*3*	*9*
TOTAL:	*87*	*32*	*119*

Demonstrates Chlamydial infection is commonest in the 15 - 29 year age group with a peak at the 20 - 24 year age group.

From the figures, more females appear to be harboring this disease. Since many physicians are empirically treating sexually transmitted diseases (S.T.D.), one suspects strongly less males have been examined, investigated or reported.

(See report to the board for comments on reporting S.T.D.)

TABLE XIII
NUMBER OF SEXUALLY TRANSMITTED DISEASES FOR MOOSE JAW HEALTH REGION NO. 2

DISEASE	MOOSE JAW	SASKATCHEWAN
Early/Secondary Syphilis	0	1
Latent Syphilis	0	0
Neuro-syphilis	0	0
Genito-urinary Gonorrhea	7	908
Anal Gonorrhea	0	2
Pharyngeal Gonorrhea	0	0
Gonococcal Arthritis	0	0
Gonococcal Ophthalmia	0	0
P.P.N.G.	0	8
Ophthalmia Neonatorum	0	0
Non-Gonococcal Urethritis	0	245
Chlamydial Conjunctivitis	0	4
Rectal Chlamydia	0	0
Respiratory Chlamydia	0	0
Genito-urinary Chlamydia	119	3,214
Genital Herpes - Type 1	5	106
Genital Herpes - Type 2	8	311
Genital Herpes - Untyped	0	6
Chancroid	0	0
TOTAL:	139	4,805

No Human Immune Virus infection was reported. See report to the board for this explanation.

This is a record of reported S.T.D. in the Moose Jaw Region.

It should be noted Genito-urinary Gonorrhea or Syphilis remain low and absent respectively.

There were no cases of antibiotic resistant strains of Gonorrhea found in the region, though cases have been reported provincially.

It should be noted Chlamydial Infection is the most commonly reported S.T.D. The reporting of Chlamydia had only started in the recent previous years in the province. Therefore, any pointer towards trends is probably unreliable.

EXPLANATION SHEET

PYLL

Is "Potential Years of Life Lost" and represents the number of years lost due to premature death (before the age of 70).

The age standardized rate adjusts the crude rate for the age/sex composition of the population less than 70.

Live Births - Infant born alive (this excludes stillbirths).

Stillbirths - Foetal deaths occurring 20 weeks and over.

Deaths - Does not include stillbirths.

Neonatal Deaths - Newborn deaths in the first month.

Perinatal Deaths - Newborn deaths occurring from 0 - 6 days.

Maternal Deaths - Deaths due to delivery and complications of pregnancy, childbirth and the puerperium.

Low Birth Weight - Births of infants less than 2,500 grams.

DENTAL HEALTH EDUCATION

The role of the Dental Health Educator is to promote dental health education in the community. We also act as consultants to individuals or groups who request information (e.g., teachers, parents, seniors, health professionals, minor sport coaches). The programme is staffed with one dental health educator and is in the fourth year of operation.

Most of the Dental Health Education Programme is delivered in the schools of the health region. The school divisions in this area are as follows:

1. *Moose Jaw Public*
2. *Moose Jaw Separate*
3. *Thunder Creek*
4. *Wood River (Excluding Glen Bain, Aneroid, Vanguard)*
5. *Davidson (Eyebrow Only)*
6. *Gravelbourg*
7. *Prairie View (Ogema and Avonlea Only)*
8. *Assiniobia*
9. *Borderland*

ELEMENTARY SCHOOL DENTAL HEALTH PROGRAMME

The programme consists of classroom presentations of Kindergarten to Grade 6 students. Every year, the children learn more about their dental health through a variety of topics, beginning with brushing instruction in kindergarten to the process of periodontal disease in Grade 6. The topics covered are:

1. *Brushing/Flossing Techniques*
2. *Types of Teeth and Function.*
3. *Roles of Teeth*
4. *Differences Between Baby and Permanent Teeth*
5. *Plague - Definition and Location*
6. *Importance of Fluoride*
7. *Visit to the Dentist*
8. *Diet and Dental Health*
9. *Tooth Structure*
10. *Dental Safety, First Aid, Protection*
11. *Dental Products*
12. *Tooth Eruption*
13. *Periodontal Disease*

The children receive brushes, or floss, or colouring sheets, or pamphlets to take home.

FLUORIDE MOUTHRINSE PROGRAMME

The objective of this programme is to reduce dental cavities by weekly swishing of a fluoride solution. These programmes are available to all schools where the fluoride level in the water is below one part fluoride per one million parts of water.

Dental Health Educators provide schools with all the supplies, consultations and workshops necessary to operate a fluoride mouthrinse programme independently.

In June, 1990 "Certificates of Appreciation" and thank you cards to the teaching staff were sent to all schools participating in the fluoride mouthrinse programme. Schools in this region that are involved with a fluoride mouthrinsing programme are:

Bengough	*Grades l - 6*	*l38 Students*
Coronach	*Grades l - 6*	*l48 Students*
Rockglen	*Grades l - 6*	*l27 Students*
Willow Bunch	*Grades l - 6*	*113 Students*

PRESCHOOL AND DAY CARE CENTRES

"Charlie Chew" and "Gary the Gopher" are the theme characters for the preschool kit. The kit contains dental health material for use by day care, preschool workers upon request. The kit includes an instruction manual, story books, activities, songs, large mouth model and toothbrush, posters, pamphlets, tooth stamp and dental mirror. There are also toothbrushes and colouring sheets for each child to take home.

SPECIAL PRESENTATIONS

The nursing staff at St. Anthony's Home, Moose Jaw, received a presentation on dental concerns of their elderly patients. Topics covered included plague, process of periodontal disease, how care givers can maintain oral health of their patients, dental aids useful to disabled adults, care of dentures, and brushing/flossing demonstration. The special education class at Palliser Heights School requested a dental health presentation in January, l99l. The dental health educator discussed dental care and brushing/flossing instruction was done with eleven students.

POST-NATAL DENTAL PROGRAMME

This programme was implemented at the Providence Hospital, Moose Jaw, in November, 1990 and is intended to educate new mothers on dental care for their new baby. Dental information packages are distributed to all the "new" mothers in the maternity ward. Every week, the Dental Health

Educator visits the ward and offers information to the new parents. When good dental habits are established early, the results should be a healthy mouth in a healthy child. The nursing staff at the Providence Hospital have been very supportive of this programme. Hopefully, the programme will continue to expand into other hospitals in the region.

DENTAL HEALTH MONTH

April is "Dental Health Month" and is a busy time of the year as we become involved with projects to make the public more aware of their dental health. Some of the projects and activities for this year include:

1. Dental Health Month Baby - The first baby born in any of the hospitals in the region will be the Dental Health Month Baby, 1991. This baby will receive an environment safe bag full of dental "goodies" and information for baby and mother.

2. Letters and articles for school newspapers were sent to 51 schools in the region. The articles were about various dental topics for students and their parents. This year a calendar for the April was included with dental thoughts for each day.

3. Articles were sent to daily and weekly newspapers during the month to also promote dental health. Dental messages were heard of various radio stations in Saskatchewan.

4. Bi Rite Drugstores throughout Saskatchewan printed dental messages with the help of our mascot "Charlie Chew" on their store bags for the month of April.

5. Dental Health Promotional displays - Displays were set up in the following areas.

- Town 'N' Country Mall - Moose Jaw - April 25, 1991

- Palliser Library Story Hour - Assiniboia - April 19, 1991

PROGRAMME DEVELOPMENT

Activities for the year again revolved around research and lesson planning. Visual aids were designed and prepared. Ideas for new pamphlets were submitted. This remains an integral part of our programme as it changes and evolves in the future.

DENTAL HEALTH PROGRAMME STATISTICS

Number of Schools Visited (1990 - 1991 School Year)	*52*
Number of Classrooms Visited	*349*
Number of Students	*6,687*

DIRECTOR OF REGIONAL SUPPORT SERVICES

I respectfully submit my annual overview regarding the major activities in relationship to the Regional Board, Community Health, and district offices along with special projects and assignments which I was involved with in the past year.

SERVICES TO THE BOARD

The past year has been very active in relation to board activities. There were the regular four board meetings dealing with regional administration, formulation and scheduling of the annual meeting and inservice programme. The Moose Jaw Health Region Board was in receipt of six "Everyone Wins" grant applications, totalling a grant amount of approximately $4,000. I worked closely with the organizations in the grant approval to ensure the lifestyle events were a success. I would like to thank the Board Chairman, Mr. Doug McGregor, and all board members for their cooperative spirit shown in the past year in working with me in the management and administration of the Community Grant Programme. I hope that the greater visibility gained through media releases reflecting the board's role in the Community Grant Programme will generate greater interest in this initiative in the coming year.

COMMUNITY HEALTH REGIONAL AND DISTRICT OFFICE ACTIVITIES

This was a very active year with many administrative changes being implemented under direction of the Executive Director, Jane Knox. The region took on greater responsibilities for

managing local budget through and providing fiscal forecasting in the region on a monthly basis. The region was required to take strict cost control measures in managing all expenditure codes and, more specifically, travel and sustenance accounts. I would like to thank all staff members for their cooperation in the budget preparation and the administration of expenditures through the current year in order that we could achieve our financial expenditure targets.

In 1990, regional computers were received and with this technology, the greatest majority of the regional programmes benefitted by developing improved and more efficient work routines in managing their programmes and recording statistics. The computer technology is in its "infant" stage and many programme staff were given training in the basic use of the computer as well as training programmes facilitated for staff in software programmes such as WordPerfect and Excel. The region looks forward to the coming year as additional computer purchases have been budgeted for acquisition.

Capital equipment was purchased for the health region in the form of new fridges in district offices, audio-visual and testing equipment, play therapy equipment, S.L.P. Stuttering Counter, tape recorder and projection equipment. In addition, a larger photocopier unit was installed in the district office and greater accessibility to photocopying was facilitated in the districts.

Space and accommodation in the regional, district offices, and C.H.C.'s were addressed through the cooperation and support of the board members in order to correct shortfalls in

safety and cleanliness concerns. Plans for renovation for the regional office in conjunction with projected Mental Health relocation was tabled in the current year. The regional office did relocate its prenatal room to the main floor on an interim basis in order to facilitate convenience to our clients. A new district office will be opened in the new year in Gravelbourg. The staff are actively involved in the design and development of these new facilities. We hope that client service will be improved upon once these facilities open in the new year.

I wish to thank the Regional Director and fellow Community Health staff for their support and cooperation I received in the past year. In particular, the extraordinary effort shown by the support staff who gave of themselves fully to assist all programmes in meeting their communication and secretarial requirements.

SPECIAL PROJECTS

- *Acted as a facilitator for Consensus Saskatche van. A large part of May and June devoted to facilitating public meetings in rural Saskatchewan.*

- *Member of the Human Resource Task Force in Health addressing challenges encountered in staffing procedures.*

- *Member of Work Simplification Study Group addressing streamlining and staffing procedures and appeal procedures.*

FUTURE OBJECTIVES

- *To work with staff members in expanding the computerization and taking full advantage of technology for programme delivery in the health region.*

- *To address regional space needs.*

- *To support the board in administering the "Everyone Wins" Community Grant Programme.*

- *Work Place Wellness Programme to be jointly sponsored Serving People First Committee.*

I found 1990 - 1991 challenging and realized a great degree of job satisfaction in achieving many regional objectives. I also look forward to 1991 - 1992 with anticipation of a greater and more positive awareness of the role that Community Health plays in health prevention initiatives in the community. I pledge my support to the success of the Health Region's initiatives in the coming year.

PUBLIC HEALTH INSPECTION

April 1, 1990 to March 31, 1991

This past fiscal year was a year of challenges, frustrations and progress. The major factor that affected our programme has been staffing, vacancies and staff turnover restricted the type of programme and quality of service provided to the residents of this health region.

This report will provide a brief history of the past year, staffing problems will be explained, the effect on programmes and service will be explained and progress made will be outlined.

STAFFING

As previously mentioned, staffing has been the major factor that affected Public Health Inspection programmes and service delivery. The year began with a staff of two inspectors in the Moose Jaw office, Mr. Hugh Coupland, and Mr. Tim Ness. There was a vacancy in the Assiniboia office. Mr. John Bower was the Senior Public Health Inspector and he was twinned with the Swift Current Region. Therefore, he was required to divide his time between the two regions.

Mr. Coupland retired effective June 15, 1990, and Mr. Tim Ness resigned effective September 6, 1990. Action was taken to acquire staff and two retired Senior Public Health Inspectors were hired on a non-permanent basis to provide services to the public and conduct inspections. Mr. Mike Gushulak provided services from July to December, 1990. Mr. Wendel Stroh provided service from August to the end of

October, 1990. On November 5, 1990, I assumed the Senior Public Health Inspector position in Moose Jaw. On January 7, 1991, Mr. Dalton Melenchuk transferred to Moose Jaw from Yorkton-Melville Health Region. In March of 1991, Mr. Wendel Stroh returned on a non-permanent appointment to provide services to the region.

At present, Public Health Inspection staff consists of one Senior Public Health Inspector, one Public Health Inspector II providing services to District No. 2 (see attached map) and Mr. Stroh working as a non-permanent appointment and vacancies in Moose Jaw, District No. 3, and Assiniboia, District No. 1.

One result of the staffing problem has been lack of familiarity with local contacts such as municipal officials, board members, operators of facilities and local organizations (i.e., community hall catering groups, farmers' market committees, etc.). Public Health Inspection staff are not familiar with local issues or problems and any requests for assistance require extensive review of files and interviews of local contacts to discover the background information prior to fulfilling the request. An obvious effect is that there has not been adequate staffing to carry out all aspects of a complete Public Health Inspection programme. All tasks must be prioritized and only high priority tasks can be dealt with (i.e., inspections and licensing or permitting of facilities takes priority over public education courses). There is a loss of efficiency in attempting to work on a programme where priority of services dictates daily schedules.

In spite of these problems, I am optimistic that staffing problems will be resolved this fall, student Public Health Inspectors will complete their training and certification this

fall and we are assured through the Bursary Training Programme of staff to fill the two vacancies.

I would like to take this opportunity to thank the individuals who have provided inspection services to the region. Mr. Bower has managed the difficult task of administering and maintaining services to two health regions. His efforts have been appreciated. Mr. Gushulak and Mr. Stroh have provided a wealth of experience and expertise in conducting inspection programmes and responding to public demands. Mr. Tim Ness has started a career in Manitoba and I thank him for his efforts and wish him well. Mr. Hugh Coupland has retired after many years of service to this health region. He has contributed many services and one of his last assignments was the administrative task of planning the districts, balancing workloads and population in preparation for the new Public Health Inspection Information System. I thank him for his services through the years and wish him well in his retirement.

PROGRAMME

Public Health Inspection services have been planned on the basis of a 1989 report on Public Health Inspection. This report outlines a system for coping with vacancies and maintaining priority services. Lack of any prioritizing of services could ultimately result in a deterioration of all service. At present, emphasis in service to the public is restricted to Level I priorities. These are tasks that have a real and immediate effect on the public's health and well being and fulfillment of legislated responsibility under the Public Health Act and pursuant regulations. Frequency of inspection is limited to once per year. However, complaints

related to communicable disease or significant nuisances will be investigated in those facilities.

Public education courses have been limited to National Sanitation Training Programmes. In one case, Mrs. Robin Galbraith, Public Health Inspector II, from Swift Current, conducted a course at the request of S.I.A.S.S. N.S.T.P. courses have been scheduled for April of 1991 to accommodate demands from the public. A swimming pool operators' course will be held this spring.

Public Health Inspectors have been involved in communicable disease investigations involving possible rabies contact, Salmonella spread through infected pet turtles, and two suspected food-borne illness incidents (neither was confirmed), laboratory analysis failed to reveal suspect pathogens.

Public Health Inspectors are mainly perceived as inspectors. However, a majority of our time is spent consulting individuals, groups, or other levels of government (such as rural or urban municipalities) and providing information, or advice, or performing an educational role to prevent problems from occurring. In this context, our role can be considered a preventive service, problems can be addressed and resolved before they become major issues. Lack of staff has prevented this type of service and we are now involved in resolving existing problems and issues - a role that is reactionary - responding to a problem after it becomes a problem. I am optimistic that full staffing and close contact with local governments over the next year will turn this situation around. Public Health Inspection can be more effective when we are fulfilling an educational role.

Public Health Inspection received a new computerized information system in August of 1990. This system has all of the features of the "old" system. However, relies on the use of a personal computer located in our office and operated by Health Region staff. This new system has the potential to be an effective management tool (organizing workloads), an efficient and effective time saver (the system can print permits, licenses and mailing labels) and can record and reproduce information regarding effectiveness and efficiency of inspection programmes by monitoring hazard ratings. This system has been frustrating in that original keypunching of information, done outside the office, had many errors that required correcting. There has also been problems due to faulty programmes and a lot of time has been spent by office staff correcting these problems. I would like to thank Beth Jelinski and Kathy DeCorby for their efforts and determination in making this system work.

Most of the statistics normally presented in the report are not available this year. Information from the "old" system was lost so nothing is available from March 1, 1990, to August 31, 1990. The "new" system began operation in September of 1990. However, problems with district and facility programming (completed by a contractor) and faulty programmes resulted in very little accurate information prior to January 1, 1991. April 1, 1991, is the beginning of a new year for this system. Hopefully, accurate information can be produced for next year's report.

CHALLENGES AND SUCCESS

As stated previously, this past fiscal year has been challenging - trying to maintain basic services in the midst

of staff turnover has been a major obstacle. I am certain that staffing shortages will be resolved by this next fall and a more comprehensive inspection programme can be established and maintained.

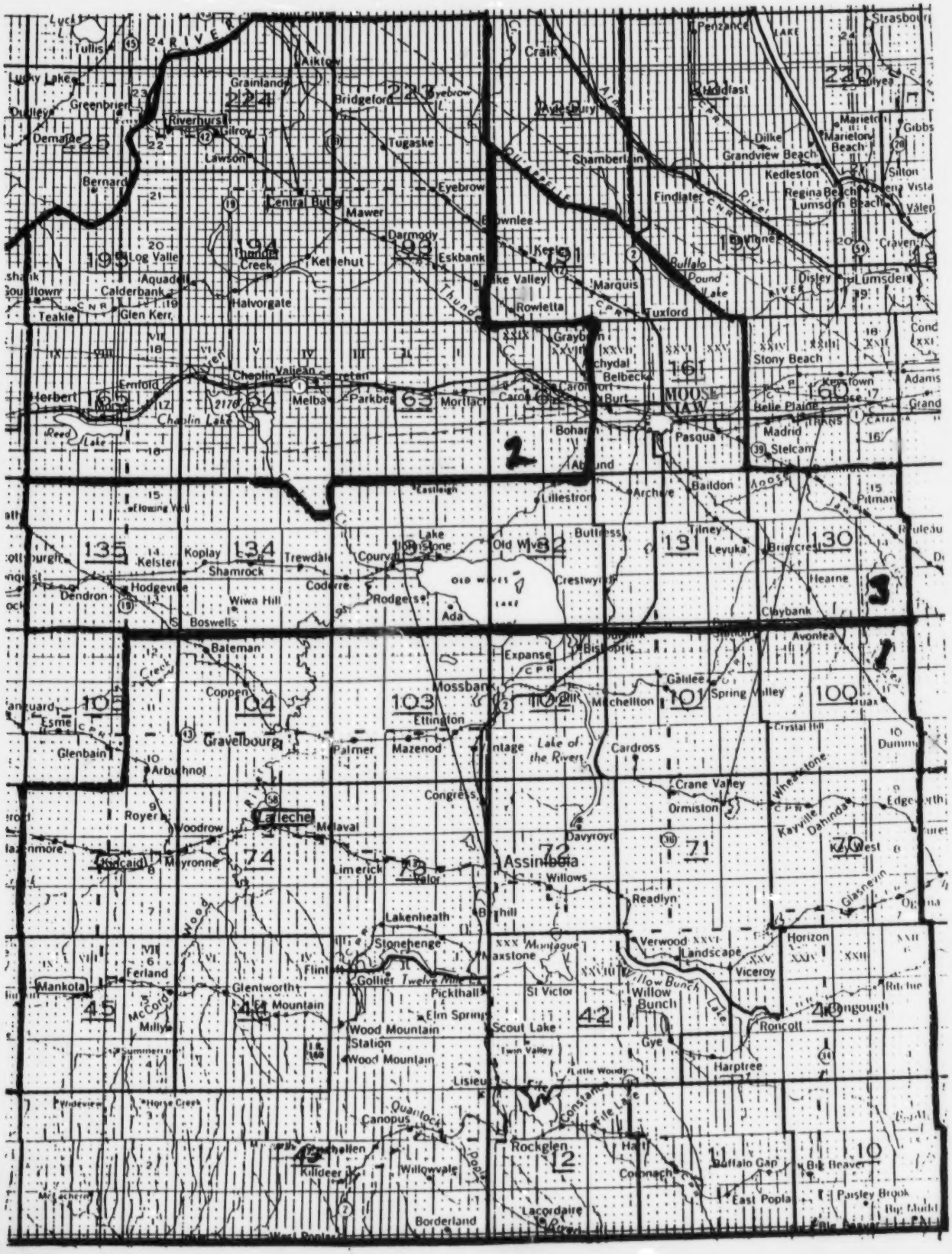
The frustrations of this past year were responding to the demands from the public and attempting to maintain efficiency in our operation, unnecessary travel is a waste of time and money. I believe that adequate staffing will resolve this concern.

In spite of the staff turnover and vacancies, I do feel that progress was made in several of our programmes. The skills and ability of Mr. Gushulak and Mr. Stroh were evident in both the quality and quantity of inspections they conducted. These two individuals managed to inspect eating establishments, food processors that required licensing and accommodation facilities such as hotels, motels and mobile home courts. The computer information system is beginning to operate as it should and will become a benefit to us, not a nuisance. I would also take this opportunity to thank Mr. Alvin Tkatchuk, Director of Regional Support Services, for finding budget money for repair and replacement of equipment that we use on a daily basis.

As time goes on, Mr. Melenchuk and I will become more familiar with the local groups, individuals and local government. We will develop better understanding of the public health issues in this region.

I am optimistic that this next year will be a year of challenge, less frustration and more progress in regarding to the needs of the public.

SASKATCHEWAN HEALTH REGION



PUBLIC HEALTH INSPECTION STATISTICS

DISTRICT	*POPULATION*	*PERCENTAGE OF DISTRICT POPULATION*	*PERCENTAGE OF REGIONAL POPULATION*
District 1 - Assiniboia			*Total - 6,6151*
Towns	*6,608*	*37.5%*	
Villages	*1,166*	*6.6%*	
R.M. (20 in this district)	*9,822*	*55.8%*	
TOTAL:	*17,596*		*26.6% of Region*
District 2 - Moose Jaw - West			
City (1/2 of Population)	*17,536*	*71%*	
Towns	*1,884*	*7.6%*	
Villages	*1,851*	*7.5%*	
R.M. (9 in this district)	*3,301*	*13.4%*	
TOTAL:	*24,572*		*37.1% of Region*
District 3 - Moose Jaw - Southeast			
City (1/2 of Population)	*17,536*	*73%*	
Towns	*495*	*2%*	
Villages	*703*	*2.9%*	
R.M. (8 in this district)	*5,249*	*21.8%*	
TOTAL:	*23,983*		*36.3% of Region*

** The City of Moose Jaw has a population of 35,073. It makes up 53 percent of the total regional population. Population figures have been taken from the 1990 municipal directory published by Saskatchewan Urban Affairs.*

PUBLIC HEALTH NURSING

In 1990, the staff changes were as follows:

- In the Gravelbourg office, Karen Lehmann was appointed full-time permanent.

- In the Central Butte office, Jan Berger took maternity leave and the position was filled by Helen Molde.

Three University of Saskatchewan "College of Nursing" students spent four weeks in our region in May - June, 1990. Each student was paired off with a Public Health Nurse who provided selected experiences.

Forty W.I.A.S.S. "Nursing" students had observational experience during the year in the maternal-child health area.

In January of 1991, all nursing staff were orientated to a revised Lice Protocol. This public awareness/education programme has now been shared with our board members, Directors of Education and the principals. Class room presentations will begin in the fall.

The Post-partum Parent Support Programme has been established throughout the entire region since September, 1990. All hospitals who deliver five or more infants a year have joined our Public Health Nurses in providing consistent patient teaching in using the National Health and Welfare packages.

Five Public Health Nurses are now trained facilitators in the positive parenting programme called "Nobody's Perfect." A very close liaison with field staff in Social Services and community groups has been of benefit to deliver this programme.

I would like to thank all the Public Health Nurses for their continued excellence in quality care and their constant activity in our team approach with the Health Region's disciplines.

Although our support staff are always under difficult deadlines and staff shortages, they continue to provide coverage. Thank you.

PUBLIC HEALTH NURSING
SELECTED STATISTICS

	1990	*1991*
Total Number of Nursing Days	*2,928*	*3,094*
Total Number of Home Visits	*1,841*	*1,467*
Total Number of Postnatal Home Visits	*775*	*770*
Total Number of Infant/Preschool Appointments in Child Health Conference	*6,260*	*7,558*
Total Number of Mothers Seen at Prenatal Classes	*132*	*185*
Total Number of Fathers Seen at Prenatal Classes	*126*	*173*
Total Number of Prenatal Home Visits	*48*	*27*
Total Number of Births	*978*	
Total Number of Students Seen Re: Counselling	*319*	*379*
Total Number of Students Immunized at -		
Age 14 (Boosters of Td and OPV)	*973*	*939*
Age 11 (Girls for MMR)	*121*	*95*
Total Number of Pregnant Adolescent Referrals Received and Followed	*25*	*16*

PUBLIC HEALTH NUTRITIONIST

The Nutrition Programme assesses the nutritional needs of the health region. To meet these needs, programmes for community groups, professionals and the public are planned, implemented, evaluated and administered by the Public Health Nutritionist. Programme delivery occurs by provision of technical and policy consultation and inservice for professionals, consultation and education programmes for community groups and individuals, resource development and work with the media.

During the 1990 - 1991 fiscal year, the Public Health Nutritionist carried responsibility for the nutrition programme in two health regions - Swift Current and Moose Jaw-Assiniboia-Gravelbourg.

"Eat Smart for Your Heart," the heart healthy eating programme, continued to be in great demand. Public concern over blood cholesterol levels has remained high. The two-part workshop deals with practical methods for reducing fat intake to decrease risk of developing heart disease. Three such workshops were held during 1990 - 1991. From the workshop evaluations, 72 percent of participants felt better equipped - to a great extent - to reduce their risk of heart disease through food choices. All participants felt they would recommend the workshop to a friend. As a follow-up to the workshop, a quarterly newsletter was sent to the participants. An evaluation of this educational tool is planned for the coming year.

Healthy food choices begin at the grocery store. For this reason, grocery store tours began during the 1990 - 1991 year. Most tours centered on heart healthy food choices. Learning to understand food labels was a favorite part of the tour for most participants. Modified tours dealt with low-cost food choices and appropriate foods for children and seniors. Such tours resulted from community group requests. The tours will be adapted for other groups as needed.

The Heart and Stroke Foundation of Saskatchewan provided Public Health Nutritionists with copies of their new Canadian video "Shopping Heart Smart." It contains information to help viewers learn to make lower fat and higher fibre food choices when shopping. This video is expected to be a valuable educational tool for rural groups unable to tour a mid- to large-sized grocery store.

The Heart and Stroke Foundation of Saskatchewan also provided Public Health Nutritionists with a copy of the "Light Hearted Living" series. This series of thirteen, 20 to 30 minute segements was produced by Prince Albert TeleCable and features the Public Health Nutritionist from the Prince Albert Health Region. These will be valuable additions to the nutrition education resource library.

Prenatal Lifestyle Assessment began during the fall of 1990. The project allows for individual assessment of prenatal clients to identify those at increased risk. Clients receive a personalized letter from the Public Health Nutritionist outlining the results of their assessment. As well, Public Health Nurses are made aware of any possible problem areas.

A new publication, the "Prenatal Weight Record," card was implemented during the past year. This teaching tool allows prenatal clients to determine an adequate weight gain range and to record their weight gain progress.

The Public Health Nutritionist acted as Nutritionist Advisor for the Project Team of the Post-Partum Parent Support Programme. The cooperation between acute care facilities and Community Health Prevention Services should improve service delivery to postnatal clients through use of consistent educational messages. Consultation for this programme will continue in the coming year.

In the past, local nutrition programme evaluation has assisted with programme planning and modification. A formal evaluation of the nutrition programme on a province-wide basis would yield valuable information, also. Towards this end, the Public Health Nutritionist worked with the Provincial Nutritionist to devise an evaluation schedule. Information to be collected was determined and appropriate forms were designed. This evaluation began in the fall of 1990 and will continue throughout 1991. As well, the monthly statistical reporting form was revised and piloted.

As part of a continuing commitment to professional education, a dietetic intern from the Regina General Hospital was provided with a one-week Public Health Nutrition experience.

Print media served as an ideal platform for addressing a number of current nutrition concerns. Bi-weekly newspaper

columns were provided for several regional papers. This changed to weekly columns at the beginning of 1991. Review of the pick-up rate will be conducted as part of the Nutrition Programme evaluation in the coming year.

Consultative services were in demand throughout the year. The majority of requests were received from Public Health Nurses with several from other Public Health Nutritionists, the Dental Health Educator, hospital dietitians, mental health workers, pharmacists, medical laboratory technologists, and school teachers. Professional inservice was provided for Public Health Nurses, Public Health Nutritionists and hospital nursing personnel. Presentations to 14 community groups reached 197 individuals. Demand for nutrition services resulted in provision of professional consultation, resources, assessments and counselling for 489 individuals, agencies and special groups.

With the expected change in shared regional responsibilities, will come a more proactive nutrition programme for both health regions concerned.

NUTRITION PROGRAMME STATISTICS

1990 - 1991

	1989-1990	1990-1991
NUTRITION EDUCATION AND INSERVICE		
Number of Groups Addressed -		
- Professional	4	3
- Attendance	45	62
- Public	10	14
- Attendance	257	197
Public Health Nurses' Newsletter	9	11
ORIENTATION		
Number of Sessions	3	3
- Attendance	6	4
Number of Dietetic Interns	-	1
Duration of Experience	-	1 Week
MEDIA AND NUTRITION PROMOTION		
Newspaper		
- Columns Researched and Written	5	7
- Columns Edited	31	37
- Columns Sent to Newspapers	36	39
Media Interviews	2	1
Displays	1	1
Resource Development	4	9
Resource Review	24	6
Resource Revisions and Editing	17	9

NUTRITION PROGRAMME STATISTICS CONTINUED

	1989-1990	*1990-1991*
PROFESSIONAL CONSULTATION/TECHNICAL SUPPORT		
Health Professionals	*162*	*165*
Educators and Students	*12*	*8*
Lay Public	*151*	*110*
INDIVIDUAL CLIENT CONCERNS		
Consultations	*29*	*17*
Screened/Assessed	*1*	*138*
Counselled	*23*	*27*

SPECIAL PROJECTS 1990-1991

Nutrition Programme Evaluation - Planning Group
Monthly Statistics Reporting Form Revision Group

SPEECH AND LANGUAGE PATHOLOGY

Learning to talk is a remarkable achievement. What makes it truly amazing is that most of a child's language learning is completed during the first four years of life.

Unfortunately, for a variety of reasons, many children experience difficulties in learning to communicate. As speech language pathologists, our role is to identify children with communication problems and to assist families in developing the skills necessary to help their child. Research has shown that the earlier a speech and language problem is identified and appropriate help provided, the better the prognosis.

STAFFING

Currently, services are provided by Lori Durand (full- time) and Bonnie Robertson (part-time). Lori, however, will begin a maternity leave in June, 1991. We are hopeful that temporary staff will be hired to allow services to clients to continue at their present level. Without temporary staff, many families will not receive services, and some programs will be suspended.

As of March 31, 1991 there were 143 children and adults on active caseload. Many more received services over the course of the year. The average waiting period for an initial assessment was 2.4 months for preschoolers. This represents a significant improvement over 1989 - 1990 when preschoolers waited an average of four months for an initial assessment.

PROGRAM DELIVERY

Traditionally services to preschoolers and their families have been provided through individual therapy, home programs and consultation with daycares and Early Childhood Intervention programs.

During this past year, we have expanded our use of parent training courses and group therapy. "Talking Together" is a program for families of children experiencing sound production problems. "Let's Talk" was designed to meet the needs of families of language-delayed toddlers. These programs are run in the evenings and have been very well received by parents and other caregivers (babysitters, grandparents).

This year, we also implemented a weekly group for language delayed four-year olds. As these children will be attending kindergarten in the fall, emphasis was placed on developing the language skills necessary in a school setting. We were fortunate to be able to use a large empty space in the basement of our building for the group. However, parent participation had to be limited due to the absence of an observation room. Parents were provided with information and encouraged to do follow up activities with their child at home.

Monthly newsletters to families on periodic review were reinstated this year. These newsletters allow us to remain in contact with all families on our caseload and to provide them with new ideas for encouraging listening, understanding and talking skills. Access to computers for administrative use helped make this a much more manageable job.

Public education activities are an important way to increase awareness of communication disorders and the services available in our community. In May, we were interviewed along with Pat Sahl, Audiologist, by Prairie Co-Ax television for a half-hour show focusing on the roles of speech language pathologists and audiologists in Community Health. We also participated in an open house to provide information for parents on speech and language development.

FUTURE CHALLENGES

Although computers are helping us administratively, we see a very important role for computers in direct service delivery. We have recently received a computer which will be designated for clinical use.

Services to adults have been an area of ongoing concern for many years. Our guidelines allow for a maximum of ten percent of speech language pathology time to be devoted to adult services. Obviously, this results in a very limited service and long waiting periods. In most cases, assessment and treatment through other agencies are not available. This results in much frustration for adult clients, their families and ourselves.

During the coming year, our goal is to increase our work with the community to further develop their skills in encouraging communication development in young children. A needs survey for child care workers has been developed in cooperation with the Community College. The results of this survey, which addresses all areas of child development, will

be used to develop a workshop for child care workers. This is an excellent example of various disciplines within Community Health working together to meet the needs of the community.

SELECTED STATISTICS

April 1, 1990 to March 31, 1991

A. SOURCE OF REFERRALS -

Public Health Nurse (3 Year C.H.C.)	*62*
Public Health Nurse (Other)	*36*
Early Childhood Psychologist	*3*
Medical Doctor	*11*
Saskatchewan Hearing Aid Plan	*1*
Parents	*29*
Other	*25*
Total Number of Referrals	*167*

There was a slight increase in the total number of referrals from last year (158 in 1990 to 167 in 1991). Public Health Nurses continue to be the major referral source (59 percent of all referrals).

B. AGE AT REFERRAL

< 2 Years	*10*
2 Years	*27*
3 Years	*78*
4 Years	*43*
5 Years	*2*
Adult	*7*
	167

Most referrals are made at age three, often following administration of the Communication Questionnaire by the P.H.N. at the 3 Year C.H.C. Visit.

SPEECH AND LANGUAGE PATHOLOGY STATISTICS CONTINUED

The relatively high number of referrals received at age 4 years points to the need for increased awareness of communication problems to ensure early detection and treatment.

C. TYPES OF PROBLEMS ASSESSED

Articulation	*60*
Language	*38*
Voice	*4*
Fluency	*7*
Associated Conditions	*5*
Normal	*20*
	134

The majority of clients were identified has having articulation problems (45 percent). This indicates the primary problem only. Many children present with a combination of problems (e.g., articulation and language or language and fluency).

D. AVERAGE WAITING PERIOD FOR ASSESSMENT

Preschoolers	*2.4 Months*
Adults	*5.25 Months*

Over the past year, the average waiting period for preschoolers was reduced from 4 months to 2.4 months. The waiting period for adults was also reduced slightly from 6 months to 5.25 months.

SPEECH AND LANGUAGE PATHOLOGY STATISTICS CONTINUED

STATUS OF CASELOAD AS OF MARCH 31, 1991

Waiting for Assessment	*38*
Waiting for Therapy	*10*
In Treatment	*95*
Total Caseload as of March 31/91	*143*

The total caseload has remained relatively constant over the past year (148 in 1990 to 143 in 1991).